



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

January 9, 2020

Mr. David Jenco  
Executive Director  
Mental Health Association of Washington County  
575 North Main Street  
Washington, Pennsylvania 15301

RE: M.H.A. Enhanced Personal Care Home  
200 Spring Street  
Bentleyville, Pennsylvania 15314  
Certificate #: 424150

Dear Mr. Jenco:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 9, 2019, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock".

Kevin Hancock  
Deputy Secretary  
Office of Long Term Living

Enclosure  
Violation Report

# Violation Report

**RECEIVED**  
**NOV 05 2019**  
**Western Region**

Facility Information	
Name: <i>M H A ENHANCED PERSONAL CARE HOME</i>	License Number: <i>42415</i>
Address: <i>200 SPRING STREET, BENTLEYVILLE, PA 15314</i>	
County: <i>WASHINGTON</i>	Region: <i>WESTERN</i>

Administrator		
Name: <i>NICHOLAS HALL</i>	Phone: <i>7242393775</i>	Email: <i>DJENCOMHA@GMAIL.COM</i>

Legal Entity
Name: <i>MENTAL HEALTH ASSOCIATION OF WASHINGTON COUNTY</i>
Address: <i>575 NORTH MAIN STREET, WASHINGTON, PA, 15301</i>

Certificate(s) of Occupancy

Staffing Hours		
Resident Support Staff: <i>0</i>	Total Daily Staff: <i>12</i>	Waking Staff: <i>9</i>

Inspection		
Type: <i>Full</i>	BHA Docket #:	Notice: <i>Unannounced</i>
Reason: <i>Renewal</i>		

Inspection Dates and Department Representative
<i>07/09/2019 - On-Site: Lynn Winters</i>

Resident Demographic Data as of Inspection Dates			
<b>General Information</b>			
License Capacity: <i>12</i>	Residents Served: <i>12</i>		
<b>Secured Dementia Care Unit</b>			
In Home: <i>No</i>	Area:	Capacity:	Residents Served:
<b>Hospice</b>			
Current Residents: <i>0</i>			
<b>Number of Residents Who</b>			
Receive Supplemental Security Income: <i>11</i>	Are 60 Years of Age or Older: <i>8</i>		
Diagnosed with Mental Illness: <i>12</i>	Diagnosed with Intellectual Disability: <i>4</i>		
Have Mobility Need: <i>0</i>	Have Physical Disability: <i>0</i>		

65a - FS Orientation - 1st Day

Regulations

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person B, hired 4/8/19, did not receive training in evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, and telephone use and notification of emergency services, as specified in 2600.65a.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

See page 2a of 4

Legal Entity Representative

Signature

David Jenco Executive Director 10/31/19  
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of

12/11/19  
(Date)

Plan of correction implementation status as of

12/11/19  
(Date)

The above plan of correction was approved by

SE  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation 1

Staff person B, hired on 4/8/19, did receive training in evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, the location and use of fire extinguishers, smoke detectors and fire alarms, and telephone use and notification of emergency services as specified in 2600.65a. All training information is attached and signature pages provided. To ensure all future compliance with 65.a, administrator will follow the new hire orientation plan (attached) and provide training, annually.



David Jenco, Executive  
Director

10/31/19

Within 30 days of receipt of the plan of correction: The administrator shall audit all staff records to ensure that prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers received orientation training in general fire safety and emergency preparedness that includes all required topics in accordance with §2600.65(a). Any missing orientation trainings shall immediately be completed. Documentation of the audit shall be kept.

 12/11/19

65b - Rights/Abuse 40 Hours

Regulations

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- 1. Resident rights.
- 2. Emergency medical plan.
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 4. Reporting of reportable incidents and conditions.

Description of Violation

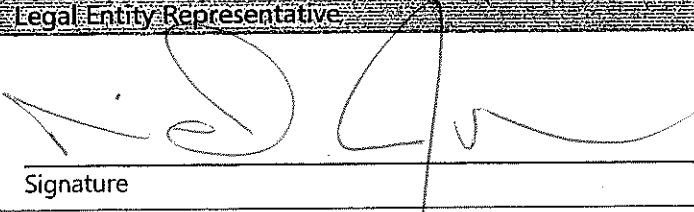
Staff person B, hired 4/8/19, did not receive training in resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act and reporting of reportable incidents and conditions, as specified in 2600.65b.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

See page 3a of 4

Legal Entity Representative

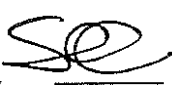


David Jenco, Executive Director 10/31/19  
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 12/11/19 (Date)

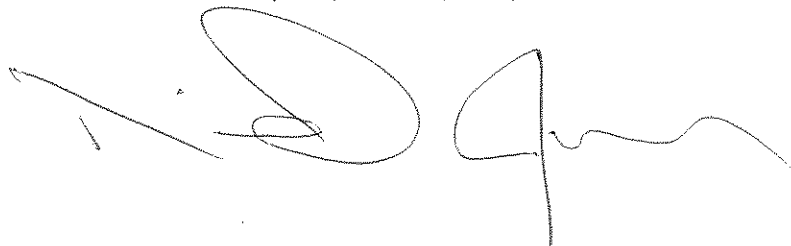
Plan of correction implementation status as of 12/11/19 (Date)

The above plan of correction was approved by  (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

## Violation 2

Staff person B, hired on 4/8/19, did receive training in mandatory reporting of abuse and neglect under the Older Adult Protective Services Act and reporting of reportable incidents and conditions, as specified in 2600.65b. Supervisor made two attempts to have staff person B come in to complete training on resident rights and emergency medical plan; however, staff person B did not show up. Staff person B resigned from her position on 8/12/19. All training information that was completed is attached and signature pages provided. To ensure all future compliance with 65.b, administrator will follow the new hire orientation plan (attached) and provide training, annually.



David Jenco, Executive  
Director 10/31/19

Within 30 days of receipt of the plan of correction: The administrator shall audit all staff records to ensure that prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers received orientation training that includes all required topics in accordance with §2600.65(b). Any missing orientation trainings shall immediately be completed. Documentation of the audit shall be kept.

 12/11/19

65f. Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Description of Violation

Staff person A, hired 9/22/02, did not receive training in meeting the needs of the residents as described in the preadmission screening plan, assessment tool, medical evaluation and support plan during the 7/1/18 to 6/30/19 training year, as specified in 2600.65f.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

See page 4a of 4

Legal Entity Representative



David Jenco, Executive Director

10/31/19

Signature


Printed Name and Title

Date

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(Date)

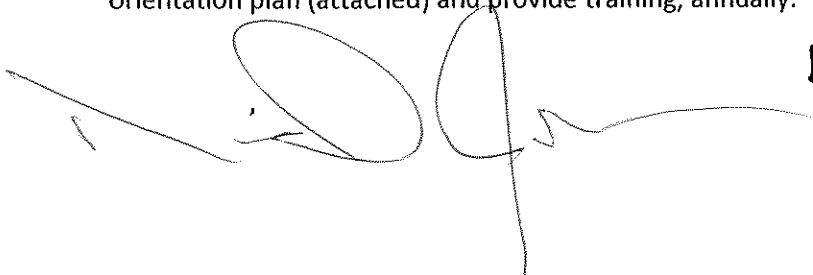
Plan of correction implementation status as of 12/11/19  
(Date)

The above plan of correction was approved by   
(Initials)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation 3

Staff person A, hired on 9/22/02, completed the direct care staff training course and competency on 7/11/19 (attached). To ensure all future compliance with 65.f, administrator will follow the new hire orientation plan (attached) and provide training, annually.



David Jenco, Executive Director 10/31/19

Within 15 days of receipt of the plan of correction: Staff person B shall receive training in meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan. Documentation of training shall be kept.

 12/11/19

Within 30 days of receipt of the plan of correction: The administrator shall audit all staff records to ensure that during the 7/1/18 to 6/30/19 training year, all direct care staff received training in the following topics, in accordance with §2600.65(f)(1-7): (1) Medication self-administration training, (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, (3) Care for residents with dementia and cognitive impairments, (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, (5) Personal care service needs of the resident, (6) Safe management techniques and (7) Care for residents with mental illness or intellectual disability, or both, if the population is served in the home. Any missing training shall immediately be completed. Documentation of the audit shall be kept.

 12/11/19